

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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4						
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13						
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16						
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18						
19	1					
20		2				
21		2				
22		2				
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28		2				
29		2				
30		1				
31	1					
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33		2				
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50						
TOTAL IND.	4					
TOTAL DEP.						
TOTAL CLAIMS	57					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						